

# Healthy Lifestyle

curriculum in

## Reducing the Risk of Breast Cancer



Department of Health Services  
Cancer Detection Section



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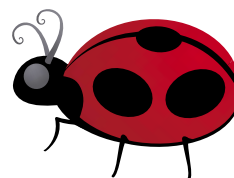
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## Introduction

This curriculum was developed to educate women about lifestyle factors related to breast cancer prevention. Chapter one reviews factors related to nutrition. Chapter two focuses on physical activity. Chapter three encourages women and their families to manage stress more effectively. The final chapter, chapter four, touches upon addictions. These topic areas were chosen because they are the major personal behavioral health determinants related to cancer prevention. The way these topics are taught support current research on determinants of women's health<sup>1</sup>.

Current research supports the need to look at psychological and social factors related to health in addition to biology. We need to be sensitive to the multiple pressures women face. For instance, it is not enough to refer women to health screenings. We need to take into consideration other factors—like depression, economics, cultural norms. Women's family roles are constantly changing throughout their lifespan. All of these factors contribute to women's decisions to take action—or non-action.

The National Cancer Institute estimates approximately one in eight women will develop breast cancer during her lifetime<sup>2</sup>. Certain women are affected disproportionately. Women who are Caucasian, Hawaiian, and African American are more likely to develop breast cancer compared to other women. Even though it is rare, men can also develop breast cancer.

Approximately 1/3 of all cancer deaths are related to dietary habits and physical activity. Only 26% of Californian adults (aged 18 years or over) eat five or more fruits and vegetables a day. Forty-three percent of women reported they did not participate in any physical activity<sup>3</sup>. By increasing the number of fruits, vegetables and whole grains people eat and increasing time spent on physical activity, people decrease their risk of developing cancer and other harmful diseases. Next to dietary habits and physical activity, substance use and abuse are the most modifiable risk factors. That is why this curriculum targets these four areas.

All of the lessons have been designed to empower women (and others) to make healthier lifestyle choices. Instead of telling women what they can and cannot do, the lessons provide information to encourage women to make decisions based upon that information. This strategy enhances women's knowledge, attitudes and health-related skills to positively influence health behaviors. This, in turn, increases meaning, control and quality of life. Instead of decreasing women's control over their health habits by telling them what they can and cannot do, this curriculum increases their personal control. Women are given the tools they need to make healthier choices and develop healthier habits.

The ladybug and nature themes were selected to emphasize the concept of growth. This curriculum encourages clients to “grow” and make healthy choices to reduce their risk of developing breast cancer. The vines symbolize this. The water droplets are used to signify the need for outside factors to support this growth.

<sup>1</sup> Jamner, M.S. & Stokols, D. (Eds.) (2000). *Promoting Human Wellness: New Frontiers for Research, Practice, and Policy*. Berkeley: University of California Press.

<sup>2</sup> Cited in National Cancer Institute. (2001). Lifetime Probability of Breast Cancer in American Women. Available: [http://cis.nci.nih.gov/fact/5\\_6.htm](http://cis.nci.nih.gov/fact/5_6.htm)

<sup>3</sup> Cited in American Cancer Society. (2002). Cancer prevention and early detection: Facts and figures 2002. Available: [http://www.cancer.org/eprise/main/docroot/STT/stt\\_0](http://www.cancer.org/eprise/main/docroot/STT/stt_0)

The ladybug character was chosen because she is a non-threatening character. Using a ladybug instead of a human-like character allows us to “speak” and educate all cultures equally—without using characters or characteristics that look like one ethnicity or like an amalgamation of all ethnicities. You will notice the ladybug exemplifies positive health behaviors as well. In the nutrition chapter, the ladybug is standing next to the grapes. By the end of the lesson, the ladybug has eaten most of the grapes. In the addiction chapter, the ladybug is turned toward a cigarette—by the end of the lesson she has turned away from it. While clients are not likely to see this, the para-educators using this curriculum are. This reinforces the health promotion messages to them as well. This was done to encourage para-educators to model these behaviors and embrace these health promotion messages. If they embrace these messages and model these behaviors, clients will be more likely to embrace these messages as well. This reinforces the idea of growing, making decisions and making positive health choices.

This curriculum not only targets intrinsic variables like knowledge, attitudes and skills— it also targets extrinsic variables like social support and norms. Women are encouraged to bring their partners, family members, and friends to sessions. Sessions are designed to be taught individually or in groups. When lessons are taught in groups, women begin to build up social networks and social support.

Lessons can be taught in the order they were written or as needed. They were designed to be flexible, adaptable and versatile. If educators only have time for a quick ten-minute meeting, they can quickly review the lesson, highlight key points and give clients the handouts to take with them. Educators can also combine lessons and conduct a workshop.

Use this curriculum to help motivate your clients to take action. Read through the lessons, make copies of all the necessary handouts before sessions, and review any necessary supplementary materials. As you go through each lesson, stop periodically to see whether or not your clients understand. If they indicate they do not, review key points.

Use the What Do You Think? handouts to help you identify your clients’ understanding of material. Ask them to complete the handout before each session and then again after the session is complete (answer sheets are provided). This tool will help you identify areas of the lesson that are still confusing to the client. Assure the clients that this material sometimes may seem confusing. Don’t let that discourage them. Like anything else—it just takes a little practice.

If clients do not write, ask clients the What Do You Think? questions. Some lessons use activities instead of written answers to assess clients’ understanding. Try to think of other ways you can see whether or not your clients understand the material. Remember—you do not want your clients to feel intimidated. You want to provide them with support and understanding. Be cautious, however. You do not want to give them false information. If you do not know the answer to their question, simply tell them you do not know. Tell her/him that you will find out the correct information and let them know, or refer them to someone who does know the answer.

Some lessons do not include a What Do You Think? handout. These lessons use other methods to assess clients' understanding of material. For instance, some lessons ask educators to collect completed worksheets and follow up with a phone call or meeting. Some lessons ask educators to review key points.

As you use the curriculum, other issues or ideas may come up. Please use the Feedback Form in the back of this binder to let us know how functional this curriculum is. Make notes, offer suggestions, share success stories.

Remember—you want clients to be active learners. Use this curriculum to encourage women (and others) to participate in the decision-making process. Ask their opinions, review barriers to behaviors, problem solve solutions. More than anything, teach your clients to make healthier choices for themselves.

Best wishes to you and your clients—

Liane M. Cox Tomich, MS, RD  
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